

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

FLOYD COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 101
Page 177
July 6, 2000
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-30-00
Name of Physician Cruge MD

MALE APPLICANT				
Name	First	Middle	Last	
	Ronald	J.	Rodewig	
Date of Birth	Month	Day	Year	
	05	14	57	
Place of Birth (State or foreign country)				
IN				
Residence Address	Street or R.R.	City	County	State
	631 Maple Road	Greenville	Floyd	IN
Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____				
Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____				
Date of Birth Verified By: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) _____				
<u>Driver's License</u>				
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes", has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>				
2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>				
3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>				
4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>				
5. List the full names of any dependent children. <u>None</u>				
6. (a) Full name of applicant's father <u>Henry Rodewig</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>deceased</u> Birthplace of father (State or foreign country) <u>IN</u>				
(b) Full maiden name of applicant's mother <u>Betty Cook</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>deceased</u> Birthplace of mother (State or foreign country) <u>IN</u>				

FEMALE APPLICANT				
Name	First	Middle	Last	
	Arlene	M.	Bailey	
Date of Birth	Month	Day	Year	
	11	19	53	
Place of Birth (State or foreign country)				
IN				
Residence Address	Street or R.R.	City	County	State
	631 Maple Rd	Greenville	Floyd	IN
Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>				
Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>July 8, 1988</u>				
Date of Birth Verified By: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) _____				
<u>Driver's License</u>				
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes", has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>				
2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>				
3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>				
4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>				
5. List the full names of any dependent children. <u>Joshua Bailey</u>				
6. (a) Full name of applicant's father <u>Edgar Thompson</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>IN</u> Birthplace of father (State or foreign country) <u>OHIO</u>				
(b) Full maiden name of applicant's mother <u>Melba Foster</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>IN</u> Birthplace of mother (State or foreign country) <u>IN</u>				

ACKNOWLEDGEMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>Ronald J. Rodewig</u> Date <u>7-6-00</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	_____ Date _____
State of Indiana)	I swear/affirm that the information given
County of Floyd)	in this application is true and correct.
Signed	<u>Ronald J. Rodewig</u>
New Address	_____
Subscribed and sworn to before me this	<u>6</u> day of <u>July 2000</u>
	<u>Eugene Freiburger</u> Clerk of the Floyd Circuit Court

ACKNOWLEDGEMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>Arlene M. Bailey</u> Date <u>7-6-00</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	_____ Date _____
State of Indiana)	I swear/affirm that the information given
County of Floyd)	in this application is true and correct.
Signed	<u>Arlene M. Bailey</u>
New Address	_____
Subscribed and sworn to before me this	<u>6</u> day of <u>July 2000</u>
	<u>Eugene Freiburger</u> Clerk of the Floyd Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____	
State of Indiana)	
County of Floyd)	
Father	_____ ID # _____
Mother	_____ ID # _____
Subscribed and sworn to before me this _____ day of _____	
	_____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____	
State of Indiana)	
County of Floyd)	
Father	_____ ID # _____
Mother	_____ ID # _____
Subscribed and sworn to before me this _____ day of _____	
	_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE	
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Floyd County, Indiana, dated <u>July 6, 2000</u> , authorizing the marriage of <u>Ronald J. Rodewig</u> and <u>Arlene M. Bailey</u> .	
I further certify that the following marriage certificate was filed in my office: I, <u>REV. William W. Eurst</u> (name), certify that on <u>July 8, 2000</u> (date), at <u>New Albany</u> in <u>Floyd</u> County, Indiana, <u>Ronald J. Rodewig</u> of <u>Floyd</u> County, <u>Indiana</u> (state), and <u>Arlene M. Bailey</u> of <u>Floyd</u> County, <u>Indiana</u> (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Floyd County, Indiana, dated <u>July 6, 2000</u> . Signed by: <u>Rev. William Eurst</u> Minister (official designation)	
Filed and recorded in accordance with the laws of the State of Indiana on <u>July 13, 2000</u> (date).	

Signed Eugene Freiburger Clerk
Floyd Circuit Court